



MARYLAND DEPARTMENT OF HEALTH
Office of Health Care Quality

**Maryland Department of Health
Office of Health Care Quality**

**Annual Report and Staffing Analysis
Fiscal Year 2020**

Health-General Article 19-308(b)(4)

Health-General Article § 19-1409(e)

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Executive Summary

On behalf of the Office of Health Care Quality (OHCQ), it is my privilege to submit the FY 20 Annual Report and Staffing Analysis. This document is submitted pursuant to Health-General Article §19-308(b)(4) and Health-General Article § 19-1409(e).

OHCQ is the agency within the Maryland Department of Health (Department) charged with monitoring the quality of care in certain health care facilities and community-based programs. As of July 1, 2020, OHCQ oversees 17,676 providers in 43 industries under State and/or federal authority, a 3.3 percent increase in the number of providers on July 1, 2019.

Through the authority of the Maryland Secretary of Health, OHCQ issues State licenses which authorize a facility or program to do business in Maryland. The Centers for Medicare and Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. As an agent of CMS, OHCQ conducts certification, recertification, and CLIA activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid.

OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations, which set forth minimum standards for the delivery of care. OHCQ provides technical assistance to applicants, licensees, consumers, and other stakeholders. It is through these licensure, certification, and survey activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems.

In FY 18, the Department developed and implemented a seven-year staffing plan for OHCQ. Through FY 20, the plan has been fully implemented. As anticipated, this controlled growth in the agency's workforce is progressively improving compliance with federal and State mandates.

OHCQ will continue to use technological solutions to improve processes and enhance communication, but our success will be determined by our most valued resource – the OHCQ employees who report to work each day to protect the health and safety of Marylanders across the health care continuum. It is an honor and a privilege to lead this group of dedicated staff.

OHCQ appreciates the ongoing support of the Secretary, the Deputy Secretary, the Administration, members of the General Assembly, and all of our stakeholders.



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Executive Director, Office of Health Care Quality

Mission and Vision

Through the authority of the Maryland Secretary of Health, the Office of Health Care Quality (OHCQ) issues State licenses which authorize a facility or program to do business in Maryland. The Department has designated OHCQ as the agency that monitors the quality of care in certain types of health care facilities and community-based programs.

The Centers for Medicare and Medicaid Services (CMS) has designated OHCQ as the state survey agency in Maryland. The Social Security Act mandates the establishment of federal minimum health and safety and CLIA standards that must be met by providers and suppliers in order to participate in the Medicare and Medicaid programs. In this context, providers are patient care institutions, such as hospitals, hospices, nursing homes, and home health agencies. Suppliers are agencies for diagnosis and therapy rather than sustained patient care, such as laboratories and ambulatory surgery centers. As an agent of CMS, OHCQ conducts certification, recertification, and CLIA activities. OHCQ makes recommendations regarding certification of a provider or supplier to CMS. Once certified, a provider or supplier may participate in and seek reimbursement from Medicare and Medicaid.

OHCQ conducts various types of surveys under federal and/or State authority to determine compliance with federal and State regulations, which set forth minimum standards for the delivery of care. OHCQ provides technical assistance to applicants, licensees, consumers, and other stakeholders.

It is through these licensure, certification, and survey activities that OHCQ fulfills its mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems. OHCQ's vision is that all those receiving care in Maryland can trust that their health care facility or program is licensed and has met the regulatory standards for the services that they offer.

Strategic Planning Process

OHCQ's strategic planning process allows us to best use our resources to fulfill our mission. Efforts to gain efficiency are always balanced with the need to remain effective in protecting the health and safety of Marylanders. The four goals of the strategic planning process are:

1. Regulatory efficiency and effectiveness: Efficient and effective use of resources to fulfill mandates;
2. Core operations: Focus on core business functions and maintaining accountability;
3. Customer service: Consistent, timely, and transparent interactions with all internal and external stakeholders; and
4. Quality improvement: Sustaining a quality improvement process within OHCQ.

Several regulatory efficiency and effectiveness initiatives and approaches are described below.

Improving the Customer Experience through Agile Technology Modernization

Throughout FY 20, OHCQ continued to implement internal- and external-facing dashboards for employees, applicants, providers, and other stakeholders. These intuitive dashboards organize important information in a single on-line location that is easily accessible from any device connected to the Internet. Internal dashboards provide real-time information to staff about outstanding tasks and deadlines and allow supervisors to more easily manage large amounts of data. External dashboards for various industries, including long term care, assisted living, residential service agency, and adult medical day care, allow providers to get accurate information quickly and locate important resources. In FY 20, the assisted living dashboard was viewed 27,169 times and the residential service agency dashboard was viewed 3,677 times.

Electronic submission of applications and documents to OHCQ continues to decrease the administrative burden to providers and to State government. Where needed, OHCQ staff or the providers receive reminders of deadlines for steps in the application process. OHCQ staff can more easily determine where each applicant is in the process.

One example of an electronic application submission process that improves the customer experience is the long term care unit's change of ownership system. In response to an increased frequency of nursing home ownership changes, OHCQ developed an on-line dashboard that explains the CHOW process and contains important links to the application, related transmittals, regulations, and other resources. This dashboard was developed in conjunction with the long term care industry and their lawyers. The electronic submission of the application and supporting documents facilitates processing of these applications. The Long Term Care CHOW Dashboard was accessed 1,769 times in FY 20.

Figure 1: Long Term Care CHOW Dashboard

The screenshot displays the Maryland Office of Health Care Quality Long Term Care CHOW Dashboard. The dashboard is organized into several columns and sections. On the left, there are sections for 'Nursing Homes Licensee Directory' (with links for PDF, Word, and Excel versions), 'Statistics About Nursing Homes' (showing 227 licensed homes and 0 new homes in FY20), 'Transmittals' (OHCO and Medicaid), 'CHOW Application - Required Documents' (listing 15 items from A to Q), and 'To File a Complaint' (Paper and Online forms, and a phone number). The central section is titled 'Long Term Care Change of Ownership (CHOW)' and includes a 'Submit a CHOW Application' button, 'Submission Instructions' (Zip Drive and Combined Files), and a central graphic of a hand holding a house icon with the text 'Submit a CHOW Application'. Below this is a red star icon and a link 'Click here to contact the LTC CHOW Team'. The right side of the dashboard contains 'Regulations - COMAR 10.07.02' (with online, phone, and public library information), 'Links to Websites' (listing various state and federal agencies), 'Links to Resources' (listing support and compliance resources), and 'Maryland Health Care Commission' (with a brief description of its mission).

OHCQ enhanced internal systems by adding audit functions to many systems. Within a few minutes, an employee can run an audit to determine what is outstanding or to get data for a report. A supervisor can run an audit to determine how one or more employees are achieving goals. The audits track administrative information, metrics, equipment, and supplies, providing crucial information that enhances performance at all levels.

In FY 20, OHCQ implemented competency-based training specific to each unit's needs. The on-line PowerPoint presentations, videos, quizzes, and evaluations supplement the in-person training sessions. If an employee misses the training day, the materials are available on-line. The system tracks the quiz results which provide useful information to employees, supervisors, and speakers. The feedback provides speakers and trainers valuable information about the effectiveness of their session.

Formation of the Federal Unit

To gain both efficiency and effectiveness, OHCQ combined the hospital and ambulatory care units to form the federal unit. This change aligns with a common organizational structure of other state survey agencies where all non-long term care federal programs are managed by the same supervisor. This change decreased the number of OHCQ program managers by one, allowing the position to be reallocated as a surveyor.

Mandated Activities of Licensed and Certified Providers

As of July 1, 2020, OHCQ oversees 17,676 providers in 43 industries (Table 1). OHCQ began oversight of the 43rd industry, rural health clinics, in FY 20. At this time, there is only one such clinic.

In FY 20, there was a 3.3 percent increase in the number of providers overseen by OHCQ, with significant growth in the fourth quarter in response to reprioritization of surveying activities. With limited on-site surveying in the fourth quarter, OHCQ prioritized the licensure of new providers, as well as review of increased bed capacity, licensure capacity, and new service lines. The increase in providers occurred primarily in health care staff agencies, nurse referral agencies, residential service agencies, assisted living programs, and various clinical laboratories.

Table 1: Number of Licensees per Provider Type as of July 1, 2018, 2019, and 2020

Provider Type	Number of Licensees		
	July 1, 2018	July 1, 2019	July 1, 2020
Developmental Disabilities Sites (276 providers)	3,020	3,079	3,050
Forensic Residential Centers	1	1	1
Intermediate Care Facilities for Individuals with Intellectual Disabilities	2	2	2
Health Care Staff Agencies	494	443	505
Nurse Referral Agencies	116	132	149
Long Term Care Facilities	228	227	227
Adult Medical Day Care Centers	116	115	121
Assisted Living Programs	1,546	1,563	1,650
Cholesterol Testing Sites	0	0	0
Employer Drug Testing Facilities	254	262	248
Federally Waived Laboratories	3,182	3,264	3,434
Forensic Laboratories	45	46	45
Health Awareness Testing Sites	49	51	54
Hospital Laboratories	98	98	99
Independent Reference Laboratories	121	127	139
Physician Office Laboratories	3,488	3,465	3,519
Point-of-Care Laboratories	1,344	1,447	1,477
Public Health Testing Sites	36	36	34
Tissue Banks	386	395	419
Birthing Centers	3	3	2
Community Mental Health Centers	4	4	4
Comprehensive Outpatient Rehabilitation Facilities	1	1	1
Correctional Health Facilities	10	10	10
Cosmetic Surgery Facilities	4	5	5
Federally Qualified Health Centers	79	78	78
Freestanding Ambulatory Surgical Centers	342	343	337
Freestanding Medical Facilities	3	4	5
Freestanding Renal Dialysis Centers	168	174	175
Health Maintenance Organizations	9	7	9
Home Health Agencies	56	54	54
Hospices	27	27	26
Hospice Houses	14	16	16
Hospitals	63	61	63
Hospital Patient Safety Programs (counted in hospitals)	0	0	0
Limited Private Inpatient Facilities	2	3	4
Major Medical Equipment Providers	188	183	190
Outpatient Physical Therapy Providers	68	67	66
Portable X-Ray Providers	9	10	10
Residential Service Agencies	1,082	1,290	1,427
Residential Treatment Centers	7	7	7
Rural Health Clinics	0	0	1
Surgical Abortion Facilities	11	11	11
Transplant Centers	2	2	2
Total Number of Providers	16,678	17,113	17,676

Surveyor Staffing Analysis

The surveyor staffing analysis in Appendix A calculates the number of surveyors needed in FY 21 to complete the projected number of mandated survey, certification, and licensure activities. These projections consider historical information as well as anticipated upcoming changes in federal or State oversight of an industry. The activities include the duties performed by surveyors, but not those duties performed by managers, administrative support staff, and clinical experts, such as the medical director and chief nurse.

The number of hours required for each activity is multiplied by the projected number of required activities in FY 21. The total is divided by 1,500, which is the accepted standard number of hours that the average surveyor spends conducting surveys in a year. The 1,500 hours considers time taken for holidays, vacation, personal days, sick leave, training, meetings, and travel. The number of full-time equivalent of surveyors required for each activity is calculated and then totaled by unit based on its specific mandates. The surveyor staffing deficit (number needed – current positions) for each unit is calculated. The sum of all units’ surveyor staffing deficit is OHCQ’s surveyor staffing deficit.

Table 2 summarizes the projected surveyor staffing deficit by unit, with an overall deficit of 27.42 surveyor positions. Appendix A details this analysis by unit, provider type, and activity.

Table 2: Surveyor Staffing Deficit Projected for FY 21

Unit	Current # of Surveyors	Needed # of Surveyors	Surveyor Deficit
Long Term Care	63.5	72.83	9.33
Federal	20	21.77	1.77
Assisted Living	31	36.38	5.38
Developmental Disabilities	41	52.15	11.15
Laboratories	6	5.79	-0.21
Totals	161.5	188.92	27.42

OHCQ Staffing Plan for FY 18 through FY 24

Through the seven-year staffing plan, the Department continues to make significant progress towards meeting OHCQ’s overall staffing needs. The plan includes the need for surveyors, managers, and other positions. The plan considers historical data as well as anticipated changes in federal and State oversight and industry trends. A controlled growth of 5 to 6 percent increase in workforce annually can be accommodated and, as predicted, is progressively improving compliance with federal and State mandates. This plan allows for controlled growth and for flexibility to adapt to changing needs. The FY 18, FY 19, and FY 20 plans were fully implemented.

OHCQ continually works to decrease unnecessary administrative burden for the agency and providers. Where possible, vacant administrative positions are reclassified to conduct survey, certification, and licensure activities. In FY 20, the formation of the federal unit allowed a program manager position to be reclassified to a surveyor. OHCQ continues to enhance recruitment and retention processes; culture; on-boarding process; training and education; individual and career development; administrative support; and feedback and evaluation.

Table 3 provides additional details about the staffing requirements. Surveyors conduct prelicensure, licensure, and periodic oversight activities; investigate complaints and facility-reported incidents; and conduct a variety of survey activities. Over the next 3 years, a total of 30 new positions are needed to complete mandated activities. This includes 27 surveyors and 3 coordinators. Note that for every one percent of turnover for the agency, the number of surveyors needed increases by about 2 FTE. Therefore, a 5 percent turnover rate increases the number of surveyors needed to fulfill mandates from 189 to 199.

Table 3: OHCQ Staffing Requirements for FY 18 through FY 24

OHCQ Unit	Position	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Total
Long term care	Coordinator	2	1	1	0	0	1	0	5
Long term care	Nurse surveyor	1	4	3	5	3	3	3	22
Long term care	Physician surveyor	0	1	0	0	0	0	0	1
Long term care	Nurse trainer surveyor	1	0	0	0	0	0	0	1
Assisted living	Coordinator	1	0	0	1	0	0	0	2
Assisted living	Nurse surveyor	0	2	1	0	2	1	2	8
DD	Coordinator	1	1	1	0	1	0	1	5
DD	Nurse surveyor	1	2	2	2	2	2	2	13
DD	Coordinator special program surveyor	0	1	1	1	2	2	1	8
DD	Office secretary II	1	0	0	0	0	0	0	1
Federal	Coordinator	1	0	1	0	0	0	0	2
Federal	Nurse surveyor	0	0	0	1	0	1	1	3
Federal	Assistant deputy director	1	0	0	0	0	0	0	1
Federal	Health policy analyst	1	0	0	0	0	0	0	1
State	Health policy analyst	1	0	0	0	0	0	0	1
Positions needed per fiscal year		12	12	10	10	10	10	10	74

Long Term Care Unit

The long term care unit ensures that nursing homes are compliant with federal survey and certification standards, State licensure regulations, and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations, as well as administrative reviews.

Beginning on March 4, 2020, CMS reprioritized nursing home survey activities. On March 16, 2020, the Maryland Secretary of Health issued an order limiting survey activities in certain circumstances. Both on a federal and State level, nursing home oversight will continue to evolve over the next several years. In projecting the unit’s FY 21 staffing needs, the calculations were based on the existing mandates rather than new activities, such as the Focused Infection Control survey, that may be time limited.

Table 4: Nursing Homes

Unit of Measurement	FY18	FY19	FY20
Number of licensed nursing homes	228	227	227
Initial surveys of new providers	1	1	0
Full surveys	186	172	84
Focused infection control surveys	N/A	N/A	38
Follow-up surveys	35	22	35
Civil money penalties levied, State	0	0	49
Civil money penalties levied, federal	36	23	76
Denial of payment for new admissions	1	4	2
Complaints and facility self-reported incidents	3,621	3,902	4,182
Complaints and self-reported incidents, investigated	2,979	2,417	1,350
Quality of care allegations	1,345	1,631	1,808
Resident abuse allegations	1,058	739	624

Nursing home deficiencies are cited under federal tags (F tags) that categorize the types of deficient practices. For example, F 656 is a federal tag about the requirement to develop comprehensive care plans for nursing home residents. Table 5 includes the top ten most frequently cited deficiencies by the number of citations under each F tag, including all scopes and severities.

Table 5: Most Frequently Cited Federal Deficiencies in Nursing Homes in FY 20

Federal Tag	Description of Tag	Total Citations
F 842	Resident Records – Identifiable Information	87
F 656	Develop and Implement, Comprehensive Care Plan	83
F 684	Quality of Care	83
F 880	Infection Prevention and Control	63
F 689	Free of Accidents, Hazards, Supervision, and Devices	60
F 657	Care Plan Timing and Revision	57
F 584	Safe, Clean, and Comfortable Homelike Environment	47
F 580	Notify of Changes	44
F 812	Food Procurement, Store, Prepare, Serve, Sanitary	40
F 610	Investigate, Prevent, Correct Alleged Violations	39

Federal nursing home deficiencies are rated from A – L, based on scope and severity, with L being the most serious. Scope is the prevalence and is based on the number of residents affected by the deficient practice. Severity is an assessment of the actual or potential harm to residents caused by the deficient practice. The most serious deficiencies are G through L which are situations where the facility’s noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Table 6 includes the number of actual harm (G – I) and immediate jeopardy (J – L) deficiencies by federal tag issued in nursing homes in FY 20.

Table 6: Number of Actual Harm and Immediate Jeopardy Deficiencies by Federal Tag in Nursing Homes in FY 20

Federal Tag	Description of Tag	G	H	I	J	K	L
F 689	Free of Accidents, Hazards, Supervision, Devices	8	1		5	3	
F 550	Resident Rights, Exercise of Rights				1		
F 760	Residents are Free of Significant Med Errors				2		
F 578	Right to Refuse, Formulate Advance Directives	2			1		
F 600	Free from Abuse and Neglect	6	1		2	1	
F 603	Free from Involuntary Seclusion	1					
F 604	Right to be Free from Physical Restraints				1		
F 626	Permitting Residents to Return to Facility	1			1		
F 658	Services Provided Meet Professional Standards				1		
F 678	Cardiopulmonary Resuscitation (CPR)				2		
F 684	Quality of Care	3			2		
F 690	Bowel and Bladder Incontinence, Catheter, UTI				1		
F 695	Respiratory and Tracheostomy Care, Suctioning				1		
F 686	Treatment to Prevent or Heal Pressure Ulcers	2				1	
F 697	Pain Management	1					
F 711	Physician Visits – Review Care, Notes, Orders	1					
F 770	Laboratory Services				1		
F 880	Infection Prevention Control				1	3	1
	Tags at G or above – 58	25	2	0	22	8	1

Regulatory groupings include multiple federal tags that relate to a specific issue, such as resident rights or pharmacy services. In Table 7, the nursing home deficiencies cited at level G through L are categorized by the regulatory grouping of the federal tags.

Table 7: Regulatory Groupings of Federal Tags for Actual Harm and Immediate Jeopardy Deficiencies in Nursing Homes in FY 20

Regulatory Groupings	Federal Tags in Grouping	# of Actual Harm and IJ
Resident Rights	F 550 – F 586	4
Freedom from Abuse, Neglect, and Exploitation	F 600 – F 610	12
Admission, Transfer, and Discharge	F 620 – F 626	2
Comprehensive Resident Center Care Plans	F 655 – F 661	1
Quality of Life	F 675 – F 680	2
Quality of Care	F 684 – F 700	28
Physician Services	F 710 – F 715	1
Pharmacy Services	F 755 – F 761	2
Laboratory, Radiology, and Other Diagnostic Services	F 770 – F 779	1
Infection Control	F 880 – F 883	5
Total		58

Assisted Living Unit

The assisted living unit is responsible for the oversight of all assisted living programs in the State of Maryland, including those that participate in the Medicaid waiver program. The unit completes surveys for precicensure, licensure, inspection of care, change of ownership, change of the level of care, follow-up, and to investigate complaints and facility-reported incidents. Allegations of unlicensed assisted living programs are investigated by this unit.

Additionally, the unit is responsible for the oversight of adult medical day care centers for the elderly and medically handicapped adults, including surveys for precicensure, licensure, biannual, change of ownership, follow-up, and to investigate complaints and facility-reported incidents.

Table 8: Adult Medical Day Care Centers

Units of Measurement	FY18	FY19	FY20
Number of licensed adult medical day care centers	116	115	121
Initial surveys of new providers	9	12	7
Full surveys	27	61	19
Follow-up surveys	1	0	2
Complaints investigated	137	35	27

Table 9: Assisted Living Programs

Units of Measurement	FY18	FY19	FY20
Number of licensed assisted living programs	1,546	1,563	1,650
Initial surveys	218	114	153
Renewal surveys	570	994	626
Other surveys	64	71	85
Complaints and facility self-reported incidents	1,315	1,152	1,120
Complaints investigated	1,137	1,092	1,194

Assisted living deficiencies are cited under State tags that categorize the types of deficient practices. For example, State tag 3680 is related to the management and administration of medications. Table 10 includes the top ten most frequently cited assisted living deficiencies by state tag and the number of citations under each tag in FY 20.

Table 10: Most Frequently Cited Assisted Living Deficiencies in Assisted Living Programs in FY 20

State Tag	Description of Tag	Number of Citations
4630	General Physical Plant Requirements	205
2780	Delegating Nurse	174
3680	Medication Management and Administration	170
2600	Other Staff Qualifications	163
4910	Emergency Preparedness (Disaster Drills)	162
3330	Service Plan	158
2550	Other Staff Qualifications	155
2000	Administration	150
3420	Resident Record or Log	123
4710	Security	122

Developmental Disabilities Unit

The developmental disabilities (DD) unit is the licensing and monitoring agent for the Developmental Disabilities Administration. Through periodic surveys, the unit ensures regulatory compliance with community-based providers serving individuals with developmental disabilities. The unit also completes on-site and administrative investigations of agency self-reported incidents and community complaints in accordance with the Developmental Disabilities Administration’s Policy on Reportable Incidents and Investigations (PORII) to evaluate and ensure the adequacy of care and provision of supports.

The unit also ensures that the intermediate care facilities for individuals with intellectual disabilities (ICF/IID) comply with all applicable federal, State, and local regulations. To maintain federal certification with CMS and licensure with the State, unannounced on-site surveys, follow-up visits, and complaint investigations are conducted by registered nurses, registered dietitians, registered sanitarians, developmental disabilities professionals, and life safety code inspectors. Additionally, the unit ensures that the forensic residential centers for individuals with intellectual disabilities comply with all applicable State and local regulations through unannounced on-site surveys, follow-up visits, and complaint investigations.

The developmental disabilities unit also licenses health care staff agencies and nurse referral agencies and investigates complaints in these industries under State authority.

Table 11: Developmental Disabilities Unit

Units of Measurement	FY18	FY19	FY20
Licensed developmental disability agencies	241	253	276
Number of sites	3,020	3,079	3,050
New agencies	8	11	18
Initial site surveys	369	149	124
Agencies surveyed	39	88	90
Complaints and self-reported incidents	5,047	4,651	4,450
Complaints and self-reported incidents, administrative reviews	2,659	2,228	2,391
Complaints and self-reported incidents, on-site investigations	1,760	1,353	1,133

Table 12: Developmental Disabilities Mortality Unit

Units of Measurement	FY18	FY19	FY20
Developmental disabilities deaths	249	268	294
Deaths investigated on-site	35	37	25
Deaths investigated, administrative reviews	206	191	260

Table 13: Forensic Residential Centers

Units of Measurement	FY18	FY19	FY20
Number of licensed forensic residential centers	1	1	1
Renewal surveys	1	2	0
Complaints investigated	3	14	10

Table 14: Intermediate Care Facilities for Individuals with Intellectual Disabilities

Unit of Measurement	FY18	FY19	FY20
Number of licensed ICF IIDs	2	2	2
Renewal surveys	2	2	1
Follow-up surveys	1	2	2
Complaints and self-reported incidents, investigated	31	72	25

Deficiencies in programs serving individuals with developmental disabilities are cited under State tags that categorize the types of deficient practices. For example, State tag 0715 is related to the administration of medications. Table 15 includes the top ten most frequently cited deficiencies by state tag and the number of citations under each tag in FY 20.

Table 15: Most Frequently Cited Deficiencies in Programs Serving Individuals with Developmental Disabilities in FY 20

State Tag	Description of Tag	Number of Citations
1140	Individual Rights – Free from Neglect	446
0715	Medication Administration	195
0530	Staff Training	183
0375	Policies and Procedures	116
0171	OHCQ Investigation – PORII	103
0169	Records and Reports	76
1435	Staff Ratios	73
0645	Site in Good Repair	59
0430	Emergency Procedures – 72 Hour Plan	47
1105	Values in IP – Wellbeing, Health	47

Table 16: Health Care Staff Agencies

Units of Measurement	FY18	FY19	FY20
Health care staff agencies	494	443	505
Initial surveys of new providers	84	70	79
Complaint investigations	1	0	2

Table 17: Nurse Referral Agencies

Units of Measurement	FY18	FY19	FY20
Nurse referral agencies	116	132	149
Initial license	3	29	20
Complaint investigations	11	1	0

Federal Unit

In FY 20, OHCQ’s ambulatory care and hospital units were combined to form the federal unit. The types and scope of the oversight are dictated by the provider type and certification by Medicare or Medicaid. As applicable to the provider type, under State and/or federal authority the unit conducts various types of surveys, conducts complaint investigations, reviews self-reported incidents, and reviews reports from accreditation organizations. It is responsible for the State licensure and/or federal certification of all non-long term care facilities as well as providers under State authority only.

The unit oversees birthing centers, community mental health centers, comprehensive outpatient rehabilitation facilities, correctional health care facilities, cosmetic surgical facilities, federally qualified health centers, freestanding ambulatory surgery centers, freestanding medical facilities, freestanding renal dialysis centers, health maintenance organizations, home health agencies, hospices, hospice houses, hospitals, limited private inpatient facilities, major medical equipment providers, outpatient physical therapy providers, portable x-ray providers, residential service agencies, residential treatment centers, rural health clinics, surgical abortion facilities, and transplant centers.

Oversight of hospitals includes acute care and specialty (psychiatric, chronic, special rehabilitation, and children’s) hospitals. The hospital patient safety program is independent from the surveyors and is not part of this unit; however, it is reported here as it relates to hospitals. The patient safety program receives mandated self-reports of serious adverse events that occur in Maryland hospitals. OHCQ reviews the hospital’s root cause analysis of these events to determine compliance with COMAR 10.07.06, the Department’s regulations governing hospital patient safety programs. Information regarding trends, best practices, and lessons learned from the review of these events are disseminated to hospitals via the Maryland Hospital Patient Safety Program’s Annual Report and clinical alerts to improve patient safety.

Table 18: Birthing Centers

Units of Measurement	FY18	FY19	FY20
Licensed birthing centers	3	3	2
Initial surveys of new providers	1	0	0
Full surveys	3	3	1
Follow-up surveys	0	0	0
Complaint investigations	0	0	1

Table 19: Community Mental Health Centers

Units of Measurement	FY18	FY19	FY20
Community mental health centers	4	4	4
Complaint investigations	0	0	0

Table 20: Comprehensive Outpatient Rehabilitation Facilities

Units of Measurement	FY18	FY19	FY20
Licensed comprehensive outpatient rehabilitation facilities	1	1	1
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 21: Correctional Health Care Facilities

Units of Measurement	FY18	FY19	FY20
Correctional health care facilities	10	10	10
Initial surveys	1	0	0
Full surveys	0	2	0
Complaint investigations	0	0	0

Table 22: Cosmetic Surgical Facilities

Units of Measurement	FY18	FY19	FY20
Licensed cosmetic survey facilities	4	5	5
Initial surveys of new providers	0	1	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 23: Federally Qualified Health Centers

Units of Measurement	FY18	FY19	FY20
Federally qualified health centers	79	78	78
Complaint investigations	3	0	0

Table 24: Freestanding Ambulatory Surgical Centers

Units of Measurement	FY18	FY19	FY20
Licensed freestanding ambulatory surgical centers	342	343	337
Initial surveys	29	14	13
Full surveys	145	101	73
Follow-up surveys	22	15	9
Complaint investigations	16	10	11

Table 25: Freestanding Medical Facilities

Units of Measurement	FY18	FY19	FY20
Licensed freestanding medical facilities	3	4	5
Initial, full and follow-up surveys	0	0	0
Complaints investigated	1	0	1

Table 26: Freestanding Renal Dialysis Centers

Units of Measurement	FY18	FY19	FY20
Licensed freestanding renal dialysis centers	168	174	175
Initial surveys of new providers	22	8	8
Full surveys	62	63	47
Follow-up surveys	22	6	6
Complaint investigations	47	17	28

Table 27: Health Maintenance Organizations

Units of Measurement	FY18	FY19	FY20
Health maintenance organizations	9	7	9
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	11	8	1

Table 28: Home Health Agencies

Units of Measurement	FY18	FY19	FY20
Licensed home health agencies	56	54	54
Initial surveys of new providers	0	0	0
Full surveys	19	9	11
Follow-up surveys	3	1	2
Complaint investigations	16	13	6

Table 29: Hospices and Hospice Houses

Units of Measurement	FY18	FY19	FY20
Licensed hospices	27	27	26
Initial surveys of new providers	0	0	2
Full surveys	8	7	7
Follow-up surveys	10	3	0
Complaint investigations	24	15	3
Licensed hospice houses	14	16	16
Initial surveys of new providers	3	2	0
Complaint investigations in hospice houses	0	0	0

Table 30: Hospitals

Units of Measurement	FY18	FY19	FY20
Licensed or certified hospitals	63	61	63
Validation surveys of accredited hospitals	1	2	0
Complaints investigated on-site	95	93	40
Administrative reviews	190	210	177
Follow-up surveys	18	20	5
Enforcement remedies imposed	14	13	4

Table 31: Hospital Patient Safety Program

Units of Measurement	FY18	FY19	FY20
Adverse event reports	238	232	269
Review root cause analysis reports (patient safety)	208	154	272
Follow-up investigations and hospital patient safety surveys	5	0	0

Table 32: Limited Private Inpatient Facilities

Units of Measurement	FY18	FY19	FY20
Licensed limited private inpatient facilities	2	3	4
Initial, full and follow up surveys	0	0	2
Complaint investigations	0	0	0

Table 33: Major Medical Equipment Providers

Units of Measurement	FY18	FY19	FY20
Licensed major medical equipment providers	188	183	190
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Follow-up surveys	0	0	0
Complaint investigations	2	1	0

Table 34: Outpatient Physical Therapy Providers

Units of Measurement	FY18	FY19	FY20
Licensed outpatient physical therapy providers	68	67	66
Initial surveys of new providers	12	3	1
Full surveys	11	19	8
Follow-up surveys	1	3	2
Complaint investigations	1	0	0

Table 35: Portable X-ray Providers

Units of Measurement	FY18	FY19	FY20
Licensed portable x-ray providers	9	10	10
Initial surveys of new providers	1	2	0
Full surveys	1	2	0
Follow-up surveys	0	0	0
Complaint investigations	0	0	0

Table 36: Residential Service Agencies

Units of Measurement	FY18	FY19	FY20
Licensed residential service agencies	1,082	1,290	1,402
Initial surveys of new providers	124	131	186
Full surveys	5	29	0
Follow-up surveys	6	9	12
Complaint investigations	193	98	62

Table 37: Residential Treatment Centers

Units of Measurement	FY18	FY19	FY20
Licensed residential treatment centers	7	7	7
Follow-up surveys	0	0	3
Validation surveys and seclusion and restraint investigation	3	1	0
Complaint investigations	16	20	10

Table 38: Rural Health Clinics

Units of Measurement	FY18	FY19	FY20
Licensed rural health clinics	N/A	N/A	1
Follow-up surveys	N/A	N/A	0
Complaint investigations	N/A	N/A	0

Table 39: Surgical Abortion Facilities

Units of Measurement	FY18	FY19	FY20
Licensed surgical abortion facilities	11	11	11
Initial surveys	1	0	0
Renewal surveys	0	9	2
Complaints investigated	2	3	0

Table 40: Transplant Centers*

Units of Measurement	FY18	FY19	FY20
Licensed transplant centers	2	2	2
Follow-up surveys	N/A	N/A	0
Complaint investigations	N/A	N/A	0

* In FY 18 and FY 19, CMS surveyed transplant centers. On October 1, 2019, CMS delegated the inspection of transplant programs to the states.

Clinical and Forensic Laboratories Unit

The clinical and forensic laboratories unit is responsible for State licensure of all laboratories that perform tests on specimens obtained from Marylanders and for federal certification of all Maryland laboratories. The State and federal licensing programs include those for tissue banks, blood banks, hospitals, independent reference, physician office and point of care laboratories, public health awareness screening, pre-employment related toxicology testing for controlled dangerous substances, and public health testing programs that offer rapid HIV-1 and rapid Hepatitis C antibody testing to the public. This unit conducts State and federal surveys to ensure compliance with applicable regulations. This unit is the agent for federal certification in the Clinical Laboratory Improvement Amendments of 1988 program (CLIA), which is required for all clinical laboratory testing sites.

OHCQ surveys laboratories performing cytology testing biennially and investigates complaints. In addition to these surveys, the CLIA statute requires that individuals performing cytology examinations be tested for their proficiency through the College of American Pathologists (CAP) or the American Society for Clinical Pathology program (ASCP).

This unit provides oversight for accredited and non-accredited laboratories that perform forensic analyses. Responsibilities include licensure, annual surveys, revisits of non-accredited laboratories, review of documents from laboratories and accreditation organizations, complaint investigations, and review of self-reported incidents from all forensic laboratories.

Table 41: Cholesterol Testing Sites

Units of Measurement	FY18	FY19	FY20
Cholesterol testing sites	0	0	0
Initial surveys of new providers	0	0	0
Full surveys	0	0	0
Complaint surveys	0	0	0

Table 42: Employer Drug Testing Facilities

Units of Measurement	FY18	FY19	FY20
Employer drug testing facilities	254	262	248
Initial surveys of new providers	64	8	1
Full surveys	35	67	41
Follow-up surveys	0	0	0
Complaint surveys	2	2	0

Table 43: Forensic Laboratories

Units of Measurement	FY18	FY19	FY20
Forensic laboratories	45	46	45
Full surveys	22	28	21
Follow-up surveys	5	1	0
Surveillance surveys	0	0	0
Complaint investigations	0	1	0

Table 44: Health Awareness Testing Sites

Units of Measurement	FY18	FY19	FY20
Health awareness test sites	49	51	54
Initial surveys	2	2	3
Full surveys	42	62	54
Follow-up surveys	0	3	0
Site approvals	1,837	1,639	1,393
Complaints surveys	0	0	0

Table 45: Hospital Laboratories

Units of Measurement	FY18	FY19	FY20
Hospital laboratories	98	98	99
Initial surveys of new providers	0	0	0
Full surveys	4	4	4
Follow-up surveys	0	0	0
Validation surveys	5	4	4
Complaint surveys	0	0	0

Table 46: Independent Reference Laboratories

Units of Measurement	FY18	FY19	FY20
Independent reference laboratories	121	127	139
Initial surveys of new providers	19	6	6
Full surveys	36	32	16
Follow-up surveys	15	0	22
Validation surveys	4	2	1
Complaint surveys	2	0	0

Table 47: Physician Office and Point of Care Laboratories, State Only Surveys

Units of Measurement	FY18	FY19	FY20
Physician office and point of care labs, State only	334	351	378
Initial surveys of new providers	20	17	12
Full surveys	146	175	87
Follow-up surveys	140	78	104
Complaint surveys	2	0	0

Table 48: Physician Office and Point of Care Laboratories, Federal CLIA Surveys

Units of Measurement	FY18	FY19	FY20
Physician office, point of care labs, CLIA surveys	334	351	378
Initial surveys of new providers	20	17	12
Full surveys	146	175	87

Table 49: Public Health Testing Sites

Units of Measurement	FY18	FY19	FY20
Public health testing	36	36	34
Initial surveys of new providers	0	0	0
Full surveys	31	60	17
Follow-up surveys	0	0	0
Complaint surveys	0	0	0

Table 50: Tissue Banks

Units of Measurement	FY18	FY19	FY20
Tissue banks	386	395	419
Initial surveys of new providers	4	9	1
Full surveys	13	28	12
Follow-up surveys	2	0	2
Validation surveys	0	0	0
Complaint surveys	2	3	0

Priorities for FY 21

Utilizing technology to enhance the efficiency and effectiveness of OHCQ’s licensure, certification, survey, and administrative activities will continue to be a driving force in the strategic planning process. OHCQ will continue to use technological solutions to improve processes and enhance communication.

OHCQ’s success will be determined by our most valued resource – our employees who report to work each day to protect the health and safety of Marylanders across the health care continuum. In FY 21, our primary focus will be investment in our staff and adapting to new federal and State licensure, certification, and survey procedures.

Appendix A: OHCQ Projected Surveyor Staffing Analysis for FY 21

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Long Term Care Unit						
Nursing Homes						
Initial surveys	0	182	0	0		
Annual surveys	227	220	49,940	33.29		
Complaints and self-reports	2,720	19	51,680	34.45		
Follow-up surveys	45	16	720	0.48		
State resident funds surveys	227	6	1,362	0.91		
Life safety code initial surveys	10	10	100	0.07		
Life safety code annual surveys	240	10	2,400	1.60		
Life safety code follow-up surveys	100	8	800	0.53		
Life safety code complaint surveys	20	12	240	0.16		
Informal dispute resolutions	65	16	1,040	0.69		
Testifying in hearings	8	120	960	0.64		
Long Term Care Unit				72.83	63.5	9.33
Assisted Living Unit						
Adult Medical Day Care Centers						
Initial surveys	9	24	216	0.14		
Renewal surveys	92	16	1,472	0.98		
Complaints and self-reports	45	8	360	0.24		
Follow-up surveys	2	16	32	0.02		
Assisted Living Programs						
Initial surveys	120	40	4,800	3.20		
Annual surveys	1,560	16	24,960	16.64		
Complaints and self-reports	1,108	16	17,728	11.82		
Follow-up surveys	82	16	1,312	0.87		
Informal dispute resolutions for unit	30	16	480	0.32		
Testifying in hearings for unit	12	80	960	0.64		
Investigations of alleged unlicensed programs	N/A	N/A	N/A	1.50		
Assisted Living Unit				36.38	31	5.38

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Developmental Disabilities Unit						
Developmental Disabilities Programs						
Initial site openings	180	8	1,440	0.96		
Annual surveys of providers	276	120	33,120	22.08		
Complaint and self-reports, on-site	1,415	16	22,640	15.09		
Complaint and self-reports, admin.	2,800	4	11,200	7.47		
Death investigations, on-site	30	48	1,440	0.96		
Death investigations, administrative	280	8	2,240	1.49		
Children's providers, all activities	3	1,320	3,960	2.64		
Informal dispute resolutions	20	12	240	0.16		
Settlements and hearings	6	80	480	0.32		
Forensic Residential Centers						
Initial surveys	0	0	0	0.00		
Annual surveys	1	160	160	0.11		
Complaints and self-reports	18	8	144	0.10		
Follow-up surveys	0	8	0	0.00		
Informal dispute resolutions	0	8	0	0.00		
Intermediate Care Facilities for Individuals with Intellectual Disabilities						
Initial surveys	0	0	0	0.00		
Annual surveys	2	160	320	0.21		
Complaints and self-reports	45	8	360	0.24		
Follow-up surveys	1	16	16	0.01		
Informal dispute resolutions	1	8	8	0.01		
Health Care Staff Agencies						
Initial surveys	76	4	304	0.20		
Complaint investigations	2	8	16	0.01		
Nurse Referral Agencies						
Initial surveys	25	4	100	0.07		
Complaint investigations	4	8	32	0.02		
Developmental Disabilities Unit				52.15	41	11.15

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Federal Unit						
Birthing Centers						
Initial surveys	1	40	40	0.03		
Renewal surveys	2	32	64	0.04		
Complaint investigations	2	16	32	0.02		
Community Mental Health Centers						
Initial surveys	1	32	32	0.02		
Complaints	1	24	24	0.02		
Comprehensive Outpatient Rehabilitation Facilities						
Initial surveys	1	32	32	0.02		
Renewal surveys	1	16	16	0.01		
Complaint investigations	1	8	8	0.01		
Correctional Health Care Facilities						
Initial surveys	0	24	0	0.00		
Full surveys	10	32	320	0.21		
Complaint investigations	1	8	8	0.01		
Cosmetic Surgery Facilities						
Initial surveys	2	48	96	0.06		
Renewal surveys	0	0	0	0.00		
Complaint investigations	2	16	32	0.02		
Federally Qualified Health Centers						
Complaints	2	24	48	0.03		
Freestanding Ambulatory Surgical Centers						
Initial surveys	21	48	1008	0.67		
Renewal surveys	111	56	6,216	4.14		
Follow-up surveys	12	16	192	0.13		
Complaint investigations	24	16	384	0.26		
Freestanding Medical Facilities						
Initial surveys	1	64	64	0.04		
Full surveys	5	24	120	0.08		
Complaints	8	10	80	0.05		

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Freestanding Renal Dialysis Centers						
Initial surveys	12	48	576	0.38		
Renewal surveys	58	56	3,248	2.17		
Follow-up surveys	12	16	192	0.13		
Complaint investigations	40	16	640	0.43		
Health Maintenance Organizations						
Initial surveys	1	160	160	0.11		
Full survey of non-accredited HMOs	0	120	0	0.00		
Follow-up surveys	0	16	0	0.00		
Complaints	6	8	48	0.03		
Home Health Agencies						
Initial surveys	1	40	40	0.03		
Renewal surveys	18	40	720	0.48		
Complaint investigations	12	24	288	0.19		
Hospice Care Programs						
Initial surveys	0	40	0	0.00		
Renewal surveys	9	40	360	0.24		
Complaint investigations, hospice	12	16	192	0.13		
Complaints, hospice houses	1	16	16	0.01		
Hospitals						
Initial surveys	1	210	210	0.14		
Validation surveys	3	210	630	0.42		
Complaint investigations, on-site	80	36	2,880	1.92		
Complaint investigations, administrative	220	8	1,760	1.17		
Follow-up surveys	24	16	384	0.26		
Mortality review, psychiatric hospitals	25	24	600	0.40		
Limited Private Inpatient Facilities						
Initial surveys	2	40	80	0.05		
Complaints	3	24	72	0.05		
Major Medical Equipment Providers						
Initial surveys	10	16	160	0.11		
Complaint investigations	2	4	8	0.01		

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Outpatient Physical Therapy Providers						
Initial surveys	6	16	96	0.06		
Renewal surveys	4	16	64	0.04		
Follow-up surveys	2	16	32	0.02		
Complaint investigations	3	4	12	0.01		
Patient Safety Program						
Review hospital root cause analysis	285	4	1,140	0.76		
Patient safety program surveys	10	24	240	0.16		
Portable X-ray Providers						
Initial surveys	1	16	16	0.01		
Renewal surveys	1	16	16	0.01		
Complaint investigations	2	4	8	0.01		
Residential Service Agencies						
Initial surveys	112	40	4,480	2.99		
Follow-up surveys	13	16	208	0.14		
Complaint investigations	140	16	2,240	1.49		
Residential Treatment Centers						
Initial surveys	0	80	0	0.00		
Complaints	20	32	640	0.43		
Validation surveys	2	16	32	0.02		
Follow-up surveys	3	16	48	0.03		
Surgical Abortion Facilities						
Initial surveys	0	40	0	0.00		
Renewal surveys	9	40	360	0.24		
Complaint investigations	5	40	200	0.13		
All provider types in the unit						
Informal dispute resolutions	16	16	256	0.17		
State and federal hearings	6	80	480	0.32		
Federal Unit				21.77	20	1.77

Mandates	A. Number of activities required in 2020	B. Hours required per activity	C. Hours required for activities (A x B)	D. # of surveyors required (C/1500)	E. Current # of surveyors	F. # of additional surveyors needed
Clinical and Forensic Laboratories						
Cholesterol Testing Sites						
Cholesterol testing	0	8	0	0.00		
Employer Drug Testing Facilities						
Employer drug testing facilities	124	8	992	0.66		
Forensic Laboratories						
Initial surveys	1	48	48	0.03		
Renewal surveys	23	48	1,104	0.74		
Surveillance surveys	1	24	24	0.02		
Complaints and self-reports	1	24	24	0.02		
Follow-up surveys	1	16	16	0.01		
Informal dispute resolutions and hearings	1	40	40	0.03		
Health Awareness Testing Sites						
Health awareness testing surveys	54	8	432	0.29		
Health awareness site approval	1,738	0.5	869	0.58		
Hospital Laboratories						
Hospital laboratories	25	8	200	0.13		
Independent Reference Laboratories						
Non-accredited	33	16	528	0.35		
Complaints	2	16	32	0.02		
Physician Offices and Point-of-Care Laboratories						
CLIA	196	12	2352	1.57		
Complaint surveys	3	16	48	0.03		
Validation	6	20	120	0.08		
Public Health Testing Sites						
Public health testing	36	5	180	0.12		
Tissue Banks						
Tissue banks	210	8	1,680	1.12		
Clinical and Forensic Laboratories				5.79	6	-0.21
Total				188.92	161.50	27.42